

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/552552

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3			X			
4	O		X			
5	O					
6						
7			O			
8			O			
9			O			
10			O			
11			O			
12			O			
13			O			
14			O			
15			O			
16			O			
17			O			
18			O			
19			O			
20			O			
21			O			
22			O			
23			O			
24			O			
25			O			
26			O			
27			O			
28			O			
29			O			
30			O			
31			O			
32			O			
33			O			
34			O			
35			O			
36			O			
37			O			
38			O			
39			O			
40			O			
41			O			
42			O			
43			O			
44			O			
45			O			
46			O			
47			O			
48			O			
49			O			
50			O			
TOTAL IND.	/	↓	/	↓		↓
TOTAL DEP.	27	←	33	←		←
TOTAL CLAIMS	28		34			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					/	
52					/	
53					/	
54					/	
55					/	
56					/	
57					/	
58					/	
59					/	
60					/	
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						